

**COVERED TB DISPENSARY SERVICES &
REIMBURSEMENT RATES WORKSHEET**

11/02/05

(Medicaid codes noted for reference purposes only. Rates subject to change.)

MA Procedure Code	Description of Services	Current Disp. Rate	TB Dispensary maximum
86580	Skin test, application (& reading)	\$ 9.21	1
Chest x-rays			2
71010-TC	Chest x-ray, without interpretation, one view	\$ 17.66	
71020-TC	Chest x-ray, without interpretation, two views	\$ 23.17	
71010-26	Chest x-ray, interpretation only, one view	\$ 10.04	
71020-26	Chest x-ray, interpretation only, two views	\$ 12.25	
71010	Chest x-ray, total charge, one view	\$ 27.71	
71020	Chest x-ray, total charge, two views	\$ 35.42	
99201 and others	Physician visit maximum rate (unless otherwise pre- approved)	\$ 70.00	2
89220	Sputum, obtaining specimen, aerosol induced technique	\$ 14.26	6
99000	Blood draw for HIV, LFTs, etc. (conveyance)	\$ 3.88	4
No code	Sputum, obtaining specimen (20 minute PHN visit)	\$ 14.42	9
Public health nursing visits			66
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes [ie: directly observed therapy (DOT)-suspect or confirmed active]	\$ 9.39	
99402	Above, 30 minutes	\$ 18.78	
99403	Above, 45 minutes	\$ 28.18	
99404	Above, 60 minutes	\$ 37.57	
S9445	Pt. Educ. & Anticipatory Guidance, Susp./Conf. Active (per session)	\$ 37.57	
	Targeted Case Management		
T1017-U1	Assessment (per 15 minutes)	\$ 10.82	
T1017-U2	Case Planning (per 15 minutes)	\$ 10.82	
T1017-U3	Ongoing Monitoring & Service Coordination (per 15 minutes)	\$ 10.82	
T1017-U4	Institutional Discharge Planning (per 15 minutes)	\$ 10.82	